

10 Day Shortened Quarantine Request – For Close Contacts ONLY

PER the [new MDH close contact guidelines](#), students who have one close contact experience may be considered for an earlier return date to school if they meet certain criteria. The Prep Health Office reserves the right to deny any request based on current in building situations. To request an early return for your child please fill out the following areas and provide any necessary supporting documentation. For ALL early returns, students must have no symptoms and have had only one close contact exposure. MDH does recommend 14 days as the safest quarantine option.

***If a household member is positive for COVID, you do not qualify for early return and need to quarantine for the full 14 days.**

Student Name (print clearly): _____

Parent/Guardian Name(s): _____

Grade/Teacher or Division: _____

10 DAY QUARANTINE REQUEST (return after finishing 10 full days of quarantine, return date is day 11)

Check the following that apply to your child (ALL must be checked to qualify):

- 1) My child has no less common symptoms AND no more common symptoms associated with COVID (please refer to [MDH Decision Tree](#) for Schools for list of symptoms) and it has been 10 days since their close contact
- 2) My child has NOT been tested for COVID-19 for this close contact situation
- 3) No one in my child's household has tested positive for COVID-19
- 3) After the 10 day quarantine, I agree to monitor my child for symptoms through day 14 and keep them home if **any** symptoms would appear and notify the Health Office

By signing this, you agree that the above checkmarks are all correct.

Parent Signature _____ Date _____

FORM MUST BE TURNED IN TO THE HEALTH OFFICE FOR APPROVAL PRIOR TO ATTENDING CLASS

For Health Office Use Only: _____ Approved

_____ Declined/Reason _____